

Health Centers Improve Health Outcomes with Medical Respite Care

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Community health centers [also known as federally qualified health centers (FQHCs), or simply [health centers](#)] are the backbone of the health care safety net. Not only do health centers have a fundamental mission to deliver comprehensive primary care with integrated access to behavioral health, dental care, and supportive services (case management, outreach, etc.), they also strive to reduce health care disparities and improve health outcomes in underserved communities. In 2020, health centers served nearly [29 million](#) people—and of these, almost 1.3 million people were reported to be experiencing homelessness.

People experiencing homelessness (PEH) often have high rates of chronic and acute medical conditions, behavioral health issues, and needs for supportive services, and they incur disproportionately high rates of emergency department (ED) visits and inpatient hospitalizations. PEH also experience significant barriers to engaging in primary care, which leads to more acute care utilization—largely in health care settings not equipped to address their underlying, interdisciplinary needs. In addition, because PEH often lack a safe place to recover once they are ready for discharge, patients who are homeless often experience longer stays in the hospital at greater expense to public systems. Those patients not needing a higher level of care—such as at a skilled nursing facility—are often discharged to a homeless shelter (or to the street) but still require ongoing post-acute care. Finally, initiating medications for opioid use disorder (MOUD) is much more difficult absent a safe, stable environment.

Lack of housing and the inability to rest and recuperate means this population also experiences poorer health outcomes and higher rates of ED/hospital re-admissions. Further, homeless services providers (such as shelters) are not trained or staffed to provide medical care and generally cannot accommodate illnesses, injuries, or post-operative care. To help address these gaps in care, [medical respite care programs](#) offer a solution to meet medical needs for this vulnerable group.

The purpose of this issue brief is to describe medical respite care programs, illustrate how health centers can fulfill mission and add value to their community by adding a medical respite care program, outline both the advantages and challenges to such an expansion, and offer action steps for health centers to consider. As the larger health care system increasingly focuses on addressing social determinants of health (such as the lack of housing) through innovative care approaches, [HRSA-funded health centers](#) play an important role as a key health care partner in communities across the nation.

Medical Respite Care (aka Recuperative Care¹)

Medical respite care is also known as “recuperative care.” HRSA [defines](#) recuperative care as “short-term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).” The [National Institute for Medical Respite Care](#) estimates there are [~130 medical respite care programs](#) in the United States operated mostly by small, non-profit organizations (with only 36 of these programs operated by a health center). The [most recent assessment](#) of programs found most are based in a homeless shelter or a stand-alone facility with fewer than 20 beds where the median length of stay is 28 days. About half of these programs offer onsite clinical services (medical providers, nursing, social work), and nearly all provide supportive services (case management, peer support, etc.). Note that some clinical services could be offered on-site at a respite program while the majority of care could occur off-site at the health center (or other outpatient venue).

Medical Respite Care

Provides people experiencing homelessness a safe space to recuperate from illness/injury post-hospitalization:

- Medical care & case management
- Help with documentation & benefits
- Medication & disease management skills
- Housing assessments & search preparations
- Ongoing care plan development & care coordination

The combination of clinical and supportive services together with a short-term residential component like medical respite care has been [shown](#) to reduce ED and hospital re/admissions, improve engagement in care and health outcomes, improve care coordination and care transitions, and reduce overall system costs. (Find more information about medical respite care [here](#).)

Medical respite care programs meet the short-term needs of patients experiencing homelessness, as well as offer an appropriate, cost-effective solution for both hospitals and insurers given the lack of safe discharge options. These programs also add value to health centers as they engage more vulnerable patients in care.

There are different [models of medical respite care](#) to consider, and health centers have options in how they incorporate medical respite care. The most common approach is to partner with a homeless shelter and identify a few staff positions to provide case management and/or clinical services to patients at the shelter. Other approaches involve different venues for care, as well as varying breadth and depth of services offered and the frequency of service delivery. ([The State of Medical Respite Care](#) offers more information about how programs operate and what services are provided.)

¹ Note: ‘recuperative care’ and ‘medical respite care’ are interchangeable terms though ‘recuperative care’ is the term used in the [Public Health Services Act](#), the authorizing law for health centers.

Advantages to Adding a Medical Respite Care Program to Health Center Operations

Medical respite care programs offer five key benefits to health centers:

Maximizes funding opportunities: Medical respite care has not always been well funded or considered reimbursable; however, there are [various funding strategies](#) to explore. Hospitals are key financial partners, as are homeless shelters, who can use [HUD funding](#) to pay for beds, staffing, and other program costs. The rise in value-based payments and accountable care organizations (ACOs) has also changed the financing landscape. Now, Medicaid and managed care organizations (MCOs) increasingly cover interventions designed to address social determinants of health—like medical respite care—though health centers in states not expanding Medicaid to single adults will be more limited on this option. Importantly, health centers may bill at their usual encounter rate for every eligible visit, which can generate significant revenue depending on the patient population served. Further, states may allow flexibility for billing nursing care (or other type of staff) if it is fulfilling a physician-directed medical plan, which can extend reimbursement potential.

“We include medical respite care in our costs of care and we bill our PPS rate for every encounter. Even with the cost of 24-7 nursing staff, we are able to break even. It’s definitely not a money-loser for us.”
~ Kim Depres, CEO, Circle the City, Phoenix, AZ

“There’s a level of acceptance that we don’t need to focus on traditional return on investment as the only primary objective with medical respite because of a long-term shared understanding that the service provides other forms of value.”
~ Jordan Wilhelms, Central City Concern, Portland, OR

While reimbursement is clearly important, those interviewed for this brief caution against relying on billable revenue and return on investment as the sole factors that determine whether a health center engages with a medical respite care program. They cite other, non-financial factors that demonstrate how medical respite care programs add value (which are outlined below), as well as note that health centers should be determining services based on patient need rather than earned revenue.

Adds value for health center as an organization: Medical respite care programs add value to health centers because they fulfill mission, going beyond minimum standards to extend services to a patient population that is chronically marginalized in the health care system—and often not engaged in care as a result. The program connects patients to primary care, behavioral health, support services, and housing (as often as possible), and staff actively seek to build relationships based on trust and respect. Not only does this care model bring new patients to the health center, but it also retains those patients for ongoing care after the medical respite care stay ends. **Importantly, the stability offered through the residential component helps improve health center outcome measures, such as those for vaccines/immunizations, cancer screenings/preventive care, control of diabetes and hypertension, and connections to primary/specialty care.** For those in ACOs, outcome measures such as hospital lengths of stay and 30-day readmission rates are also positively influenced by medical respite care.

“FQHCs need to adopt medical respite because the population they serve needs a different option to healing that doesn’t exist currently. There has to be a gap-filler, and medical respite is that filler.”
~ Miriah Nunnaley, Colorado Coalition for the Homeless, Denver, CO

For health centers who host medical residents (or other clinical roles), medical respite care programs offer an opportunity to expose students to a social medicine curriculum on rotations and orient them to issues of homelessness earlier in their clinical training. Health centers that are part of public health departments (“public entities”) report an easier experience collaborating more seamlessly across the entire system, making care coordination more successful.

Adds value for the community and to community partners:

Interventions that improve the conditions of homelessness are of high value in any community. Hospitals greatly benefit from the reduced lengths of stay and re-admissions rates as well as the safe discharge venues that medical respite care programs offer them. Homeless services providers, like shelters, benefit when high-needs clients with health conditions can receive needed care that shelter staff are not trained or able to provide. [Partnerships with homeless shelters](#) are particularly advantageous for medical respite care programs because they can maximize the roles that both partners play—with health centers providing staff and services, and shelters providing beds, facilities, and oversight (though this is just one programmatic approach of many).

“We are part of a hospital ACO with a capitated budget and a shared savings contract—when the hospital saves money on length of stay and re-admissions, we all benefit.”
~ Rhonda Hauff, CEO, Yakima Neighborhood Health Services, Yakima, WA

Adds value for clinicians: Medical respite care programs offer clinicians (and the entire care team) a better way to deliver services, and they experience greater job satisfaction as a result. This is especially true if a health center can refer patients directly

“As a doc, you get a unique perspective from spending more time with patients in an MRC than a 30-minute visit in the clinic allows—you get a better sense of their day to day function.”
~ Sara Jeevanjee, MD, Valley Homeless Healthcare Program, Santa Clara, CA

to respite (rather than needing a hospital referral). Being able to have a dedicated space to refer complex patients with intensive needs so they can stabilize and receive care in a way that is not possible in a traditional health center setting is incredibly rewarding. The extra time to work with patients gives a great opportunity to evaluate functionality and ongoing needs, coordinate care, establish a patient relationship, and develop a longer-term care plan. Those interviewed for this brief cite improvements in connecting clients to primary and behavioral health care, initiating medications for HIV or opioid use disorder (MOUD), performing cancer screenings/treatment, as well as having needed time to adjust insulin regimens for those with diabetes. Connecting patients to longer-term treatment programs and/or permanent housing placements is also very fulfilling. Beyond the provision of services, clinicians routinely describe greater satisfaction in being able to gain patient trust, work with a team to deliver holistic care, improve the dismal experience of homelessness (even if temporarily), and see patients improve and become more stable.

“We treat people with dignity and respect, and often they then say, “I want you to be my doctor.” As a provider, it is very rewarding to know I’ve earned someone’s trust.”
~ Tyler Grey, MD, Health Care for the Homeless, Baltimore, MD

Adds value to patients: Medical respite care offers the clearest value to patients, who benefit directly from the services and stability that the program offers them. Not only are they able to get their identification and other documentation, but they are able to rest and recuperate from their illness or injury, and have time to focus on their care plan

“Our nurse practitioner would get bus tokens and put patients on the bus so they could ride for the day to get off their feet. MRC solved that, and was a direct response to the expressed needs and desires of the patients we serve.”
 ~ Rhonda Hauff, CEO, Yakima Neighborhood Health Services, Yakima, WA

and next steps instead of needing to prioritize basic needs such as safety and a place to sleep and eat. Medical respite care programs also offer more autonomy in medical decision-making and engage patients as partners in the process, establishing more trust and dignity than is usually experienced in other health care system interactions. Those health centers with [Consumer Advisory Boards](#) or those seeking patient input on needed health center improvements may find that patients experiencing homelessness want these types of programs to help them improve their quality of life.

Health Center Requirements: Aligning Medical Respite Care with Mission & Compliance

In order to continue providing comprehensive, culturally competent, high-quality care, health centers are regularly evaluated for compliance with a range of requirements that are outlined in HRSA’s [Health Center Program Compliance Manual](#). These requirements form the foundation of the Health Center Program and support the core mission of health centers’ innovative and successful model of primary care. Six areas in the compliance manual most directly align with a medical respite care program (see Table 1).

Table 1. Aligning Medical Respite Care with Health Center Requirements

Health Center Requirement	Health Center Program Compliance Manual	Connection to Medical Respite Care
Needs assessment Chapter 3	The health center must assess the unmet need for health services in the catchment (or proposed catchment) area of the center based on the population served, with the option to include an additional focus on a specific underserved subset of the service area population.	Community needs assessments often cite a gap in services for people experiencing homelessness when they are discharged from hospitals and/or need a safe place to recuperate from illness/injury.
Required and additional health services Chapter 4	Health centers must provide a set of required services . Those services most likely to be delivered in a medical respite care setting include: <ul style="list-style-type: none"> • General primary care • Screenings • Immunizations • Substance use disorder services (for Health Care for the Homeless grantees only) • Case management • Eligibility assistance • Health education 	There is a strong overlap between core health center services and medical respite care services. While a number of health centers have added ‘recuperative care’ to their scope of service, several health centers interviewed for this issue brief indicated they did not have to add recuperative care because the approved list of required services

Health Center Requirement	Health Center Program Compliance Manual	Connection to Medical Respite Care
	<ul style="list-style-type: none"> • Outreach • Transportation • Translation <p>However, health centers also have the option to add additional services—with 'recuperative care services' expressly listed as allowable services—"that are appropriate to meet the health needs of the population served by the health center involved."²</p> <p>Details of the services offered by the health center are listed on Form 5A as part of a health center's scope of health center project.</p>	<p>already included the services being provided in recuperative care.</p> <p>For health centers serving a high number of patients experiencing homelessness, medical respite care may constitute services appropriate to meet patients' health needs.</p> <p>Note: not all services offered by a health center need to be available at every service site, thereby giving medical respite care programs more flexibility to tailor care at a specific location.</p>
<p>Accessible locations and hours of operation</p> <p>Chapter 6</p>	<p>Required services must be available and accessible in the service area of the health center promptly and in a manner that ensures continuity of service to the residents of the center's catchment area. Details of a service site are generally included on Form 5B, which lists the details for each approved service site, or on Form 5C, which lists other health center activities.</p>	<p>Service sites for medical respite care can be identified as permanent, seasonal, mobile van, or intermittent.</p>
<p>Coverage for medical emergencies during and after hours</p> <p>Chapter 7</p>	<p>Health centers already are required to have provisions for promptly responding to patient medical emergencies during the health center's regularly scheduled hours, as well as arrangements for responding after hours.</p>	<p>Medical respite care programs offer an additional route to providing 24/7 coverage for particularly vulnerable patients.</p>
<p>Continuity of care and hospital admitting</p> <p>Chapter 8</p>	<p>Health centers must provide the required primary health services of the center promptly and in a manner that will assure continuity of service to patients within the center's catchment area (service area), as well as develop an ongoing referral relationship with one or more hospitals.</p>	<p>Medical respite care programs often are based on contracting with partner hospitals so there is a safe discharge option for patients, and an expressed goal to improve coordination of care.</p>
<p>Collaborative Relationship</p> <p>Chapter 14</p>	<p>Health centers must make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the service area, local hospitals, and specialty providers. They are also required to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.</p>	<p>Medical respite care programs specifically fulfil this requirement given their ability to reduce ED visits, extend needed service provision to a vulnerable group, and establish relationships with area hospitals (and other types of providers who might refer to the program).</p>

² Note: 'recuperative care' and 'medical respite care' are interchangeable terms though 'recuperative care' is the term used in the [Public Health Services Act](#), the authorizing law for health centers.

Challenges to Adding a Medical Respite Care Program to Health Center Operations

There are challenges to adding any type of service to health center operations. While the pressure to accept referrals and manage higher acuity patients for medical respite programs is a common challenge, three issues may affect health centers more specifically:

Unifying work culture across teams: Depending on the model of care, staff at medical respite care programs will develop their own team culture, which may feel separate from the care teams at traditional clinic locations. This may be particularly true if the model uses 24/7 staff at a separate location. It may be more challenging to supervise 24/7 staff or back-fill medical respite care staff with staff from other areas of the clinic. It may also be that non-respite care staff misunderstand the care model and/or the purpose of the program within the organization. Clinicians at health centers that directly refer patients to medical respite may be tempted to place those with especially high needs because skilled care/nursing home care is unavailable.

Strategies to mitigate:

- Regularly include medical respite care issues and/or program information in staff meetings, Board of Directors meetings, or other events so that the purpose and value of medical respite care is broadly understood.
- Plan trainings or events at a time when more medical respite care staff can attend so they feel connected to the larger agency.
- Determine how medical respite care staff interact with staff at the main clinic sites so it is clear where the clinical leadership resides and how decision-making occurs for patient care.
- Support cross training among sites so more providers understand medical respite care operations and service delivery approaches. This approach should help facilitate smoother care coordination between the health center and the medical respite care program.
- Identify clear clinical criteria for program admission and only make exceptions when arrangements have been made to ensure safety and quality of care.

Managing the finances: Managing multiple funding sources is likely needed to cover all medical respite care program costs, which is not unlike health center financing in

“For health centers going into value-based care, recuperative care decreases costs of care, helps you perform under those contracts, and takes better care of patients.”

~ Jeff Norris, MD, Father Joe's Villages, San Diego, CA

general. Most financing partnerships (e.g., with shelters, hospitals, or others) require time spent managing the relationship and the grant/contract to ensure continuity of operations. If Medicaid is being used to finance medical respite care services, negotiating with managed care plans, establishing billing rates, and managing contracts can be an added administrative task. There may also be times when MCOs do not authorize a medical respite care stay for a patient, which can pose a challenge for the clinical team.

Strategies to mitigate:

- Fold the administrative requirements for medical respite care into routine financial operations for the health center.
- Adopt a uniform contracting approach across MCOs for medical respite care.
- Use volunteers or other community resources to add “hands on deck.”

Overseeing additional facilities: Assuming responsibility for a 24/7 short-term residential program, such as hiring and overseeing kitchen, housekeeping, or overnight staff, may be new for a health center if it is not already operating such services. Staffing and technical support (especially for the electronic health record) also needs to be available at times when other health center operations might be closed.

Strategies to mitigate:

- Partner with a shelter/housing operator who can take on these responsibilities (if they are not already)
- Start with a medical respite care program that requires fewer 24/7 staff (or positions such as housekeeping) if this is a barrier to moving forward (e.g., collaborating with a shelter provider who will already have these services in place).
- Train medical respite care staff in managing the environment of care to ensure it is a safe, therapeutic space.
- Develop policies and protocols for emergencies and/or after-hours needs.

“Our CEO had less heartburn over a shelter-based program than a stand-alone one because we just had to provide the medical component to what the shelter was already doing.”
 ~ Brandon Cook, New Horizon Family Health Services, Greenville, SC

Ten Action Steps to Consider

Leaders at nine health centers that incorporate medical respite care into their operations were interviewed for this policy brief. Their programs range from five to 125 beds, and they use a varying combination of staff. Some dedicate one to two staff that only deliver case management and support services at an offsite location, while others have dozens of staff working at a stand-alone, full-service facility dedicated only to medical respite care. Most employ a middle approach that uses a combination of clinical and support staff. When asked what action steps they would recommend to health centers looking to add medical respite care, they offer the following advice:

1. Ask health center patients who are homeless about their needs for recuperation from illness and injury.
2. Consult staff at local hospitals and homeless shelters about the recuperation needs of people experiencing homelessness, and what type of services are needed.
3. Identify potential partners among other homeless/community service organizations (such as shelters).

4. Identify a possible venue (or space within an existing venue) to locate a medical respite care program.
5. Identify what funding sources are available from state Medicaid, managed care partners, hospitals, homeless services providers, public health authorities, and philanthropic organizations.
6. Identify appropriate staff (to include security, if appropriate) who could be dedicated to a medical respite program, and train them on harm reduction, trauma-informed care, de-escalation, and other relevant skills.
7. Start small and with the model that costs the least, even if that means providing services via telehealth.
8. Name a champion for the medical respite care program within your health center.
9. Meet regularly with hospital discharge staff because they identify the patients needing referral to medical respite care.
10. Ask for technical assistance from the [National Institute for Medical Respite Care](#).

Conclusion

Interventions that address the social determinants of health—like the lack of housing—are increasingly being funded through insurers, hospitals, and community partners like homeless services providers. Medical respite care programs, which provide a post-acute care venue for people experiencing homelessness to rest and heal from illness or injury, bring a number of organizational advantages to health centers and are appropriate and effective models of care. As health centers continue to grow their role in underserved communities, they should consider adding medical respite care programs to their scopes of service.

“We recognize our patients have been left behind by the system and the lack of trust requires this need to create a culture of ‘I care for you, I’m going to provide services in a unique and different way.’ If you already care for homeless folks, it makes sense to create an MRC program.”
~ Omar Marrero, Boston Health Care for the Homeless Program

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